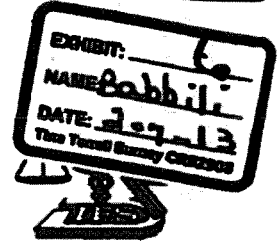


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**SOUTHWESTERN  
INSTITUTE OF FORENSIC SCIENCES  
AT DALLAS**

Office of the Medical Examiner  
Autopsy Report



**COPY**  
DALLAS COUNTY  
INSTITUTE OF FORENSIC SCIENCE

Case: IFS-11-10161 - ME

**172 / 640**

Decedent: McCollum, Larry Gene 58 years White Male DOB: 04/04/1953

Date of Death: 07/28/2011 (Actual)

Time of Death: 11:35 PM (Actual)

Examination Performed: 07/29/2011 09:30 AM

**ORGAN WEIGHTS:**

Brain: 1,600 g	Right Lung: 700 g	Right Kidney: 260 g
Heart: 350 g	Left Lung: 500 g	Left Kidney: 280 g
Liver: 2,590 g	Spleen: 250 g	

**EXTERNAL EXAMINATION**

The body is identified by tags. Photographs and fingerprints are taken.

The body is received nude. No personal effects or jewelry are present on the body.

The body is that of a normally-developed white male which appears consistent with the recorded age of 58 years. When nude, it measures 70 inches in length and weighs 345 pounds. There is good preservation in the absence of embalming. Rigor mortis is present. Lividity is located on the posterior body surfaces and blanches with pressure. The body is room temperature in the presence of minimal refrigeration.

The hairline is receding and there is short gray hair that is cut very close to the scalp. Mustache and beard stubble are on the face. The irides are brown and there are no petechiae of the bulbar or palpebral surface of the conjunctivae. The ears, nose, and lips are unremarkable. The mouth has natural dentition. The neck is without masses or unusual mobility. The chest and back are unremarkable. The abdomen is protuberant. The extremities are symmetric. The external genitalia, perineum, and anus are unremarkable.

A 1 inch area of indentation and red discoloration is on the right side of the forehead.

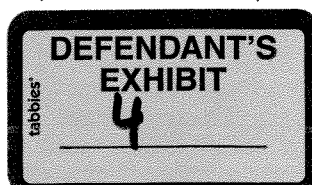
**IDENTIFYING MARKS AND SCARS**

A 3 inch linear scar is obliquely oriented on the right side of the abdomen.

A 2 inch linear scar is on the right temporal scalp.

**EVIDENCE OF TREATMENT**

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- Cardiac monitor pads affixed to the chest
- Intravascular catheter in upper right arm
- Hospital band encircling left wrist
- Foley catheter
- Rectal catheter connected to plastic bag containing fecal material
- Needle puncture surrounded by ecchymosis in the left inguinal region
- Needle punctures in the right inguinal region, with extravasated blood within the soft tissue and musculature surrounding the right inguinal canal

#### EVIDENCE OF INJURY

A 1/4 inch purple contusion is on the superior aspect of the bridge of the nose.

Reflection of the scalp reveals a 3 cm area of hemorrhage in the left temporalis muscle along the parietal bone. A 1 inch purple contusion with central abrasion is immediately inferior to the left external ear. Deep to this is a 4 cm area of hemorrhage within the underlying soft tissue.

A 2 cm purple contusion is on the left supraclavicular region. A 2 inch purple to yellow contusion is on the right upper abdomen near the subcostal margin. A few purple contusions measuring between 1 and 2 cm each are on the left side of the chest. A 1/2 inch red abrasion is on the front of the proximal left forearm. A 2 inch purple contusion is on the posterior aspect of the left thigh.

#### INTERNAL EXAMINATION

**BODY CAVITIES:** Approximately 300 cc of tan clear fluid are within each pleural cavity. The pericardial and peritoneal cavities contain no adhesions or abnormal collections of blood or other fluid.

**HEAD:** See EVIDENCE OF INJURY. The dura and dural sinuses are unremarkable. There are no epidural, subdural or subarachnoid hemorrhages. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical, with flattened gyri and effaced sulci. There is mild notching of the parahippocampal gyri. The cerebellar tonsils are soft; sections reveal friable, tan-red necrotic parenchyma. The cranial nerves and blood vessels are unremarkable. Sections through the brainstem are unremarkable. Sections through the cerebral hemispheres exhibit diffuse blurring of the gray-white matter junctions. There are no hemorrhages in the deep white matter or the basal ganglia. The cerebral ventricles contain no blood. The spinal cord, as viewed from the cranial cavity, is unremarkable.

**NECK:** The soft tissues and prevertebral fascia are unremarkable. The hyoid bone and laryngeal cartilages are intact. The lumen of the larynx is not obstructed.

**CARDIOVASCULAR SYSTEM:** The intimal surface of the abdominal aorta is free of significant atherosclerosis. The aorta and its major branches and the great veins are normally distributed and unremarkable. The pulmonary arteries contain no thromboemboli. The heart is markedly enlarged, with normal contours. The pericardium, epicardium, and endocardium are smooth, glistening, and unremarkable. There are no thrombi in the atria or ventricles. The foramen ovale is closed. The coronary arterial system is free of significant atherosclerosis. The atrial and ventricular septa are intact. The cardiac valves are unremarkable. The myocardium is dark red-brown and firm, and there are no focal



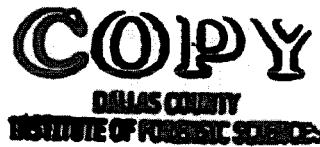
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abnormalities.



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**RESPIRATORY SYSTEM:** The upper airway is unobstructed. The laryngeal mucosa is smooth and unremarkable, without petechiae. The pleural surfaces are smooth and glistening. The major bronchi are unremarkable. Sectioning of the lungs discloses a dark red-blue, moderately congested parenchyma.

**HEPATOBIILIARY SYSTEM:** The liver is covered by a smooth, glistening capsule. The parenchyma is dark red-brown and moderately congested. The gallbladder contains approximately 10 cc of dark green bile, and one dark green cholesterol stone measuring approximately 2 inches in greatest dimension.

**GASTROINTESTINAL SYSTEM:** The tongue is grossly normal both externally and upon sectioning. The esophageal mucosa is gray, smooth, and unremarkable. The stomach is empty. There are no tablets or capsules. The gastric mucosa has normal rugal folds, and there are no ulcers. The small and large intestines are externally unremarkable. The appendix is absent. The pancreas is unremarkable externally and upon sectioning.

**GENITOURINARY SYSTEM:** The capsules of both kidneys strip with ease to reveal smooth and slightly lobulated surfaces. The cortices are of normal thickness, with well-demarcated corticomedullary junctions. The calyces, pelvis, and ureters are unremarkable. The urinary bladder is empty. The mucosa is gray, smooth, and unremarkable. The prostate gland is unremarkable both externally and upon sectioning.

**ENDOCRINE SYSTEM:** The thyroid and adrenal glands are unremarkable externally and upon sectioning.

**LYMPHORETICULAR SYSTEM:** The spleen is covered by a smooth, blue-gray, intact capsule. The parenchyma is dark red. The cervical, hilar, and peritoneal lymph nodes are unremarkable.

**MUSCULOSKELETAL SYSTEM:** The clavicles, ribs, sternum, pelvis, and vertebral column have no fractures. The diaphragm is intact.

#### **MICROSCOPIC EXAMINATION:**

**Heart:** myocyte hypertrophy; increased interstitial and perivascular fibrosis.

**Lung:** vascular congestion.

**Liver:** moderate macrovesicular steatosis, mild focal centrilobular necrosis.

**Kidney:** No significant pathologic alteration is identified.

**Spleen:** diffuse hypocellularity with depletion of both the red and white pulp.



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**TOXICOLOGY:**

**Evidence Submitted:**

The following items were received by the Laboratory from the Office of the Medical Examiner:

- 004: Biohazard Bag
- 004-001: Blood, femoral - gray top tube
- 004-002: Blood, femoral - gray top tube
- 004-003: Blood, femoral - gray top tube
- 004-004: Blood, femoral - gray top tube
- 004-005: Blood, femoral - red top tube
- 004-006: Vitreous - red top tube
- 004-007: Skeletal muscle - plastic tube

**Blood, postmortem**

Acid/Neutral Screen (GC/MS)  
negative (004-001)

Alcohols/Acetone (GC)  
negative (004-002)

Alkaline Quantitation (GC, GC/MS)  
negative (004-001)

Opiate Narcotics (GC/MS)  
0.107 mg/L morphine (004-002)

**Vitreous**

Alcohols/Acetone (GC)  
negative (004-006)

Opiate Narcotics (GC/MS)  
0.046 mg/L morphine (004-006)



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**FINDINGS:**

**1. Hyperthermia**

- a. History that the decedent was in a hot environment without air conditioning, and was witnessed to collapse with seizure activity.
- b. History that the decedent presented to the Emergency Department unresponsive, with a body temperature of 109.4 degrees Fahrenheit.
- c. Hospital course complicated by
  - 1. hypoxic-ischemic encephalopathy
  - 2. disseminated intravascular coagulation
  - 3. shock
  - 4. multi-system organ failure
- d. Brain swelling
  - 1. transtentorial herniation
  - 2. cerebellar tonsillar herniation and acute necrosis
  - 3. hypoxic-ischemic encephalopathy

**2. History of hypertension**

- a. Cardiac hypertrophy (heart weight = 550 grams)
- b. History of treatment with hydrochlorothiazide

**3. Morbid obesity (Body mass index = 49.5)**

**4. Contusions of scalp and face**

**5. Subgaleal hemorrhage**

**6. No significant injuries**

**CONCLUSIONS:**

Based on the autopsy and the history available to me, it is my opinion that Larry Gene McCollum, a 58-year-old white male, died as the result of hyperthermia. The decedent was in a hot environment without air conditioning, and he may have been further predisposed to developing hyperthermia due to morbid obesity and treatment with a diuretic (hydrochlorothiazide) for hypertension.

**MANNER OF DEATH:**      Accident



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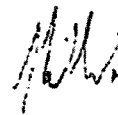
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10/26/2011

Keith Pinckard, M.D., Ph.D.

Medical Examiner



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